

PROGRAM TIME SURVEY FOR LEA EMPLOYEES PERFORMING MEDI-CAL ADMINISTRATIVE ACTIVITIES

For use after 7/1/06

Training Date:

Name (Last, First, MI)		Job Classification																Employee Number																Claiming Unit (District)																School Site															
If more than 8 hours per day, continue from page 1 in hours 9-16 - Record the type of activity in 15-minute increments	Date:									Date:									Date:									Date:									Date:									Total																			
	9	10	11	12	13	14	15	16	9	10	11	12	13	14	15	16	9	10	11	12	13	14	15	16	9	10	11	12	13	14	15	16	9	10	11	12	13	14	15	16																									
1) School-Related, Educational, & Other Activities																																																																	
2) Direct Medical Services																																																																	
3) Non-Medi-Cal Outreach																																																																	
4) Initial Medi-Cal Outreach																																																																	
5) Facilitating Application for non-Medi-Cal Programs																																																																	
6) Facilitating Medi-Cal Application																																																																	
7) Referral, Coordination, and Monitoring of non-Medi-Cal Services																																																																	
8) Ongoing Referral, Coordination, & Monitoring of Medi-Cal Services																																																																	
9) Transportation for non-Medi-Cal Services																																																																	
10) Arranging Transportation supporting Medi-Cal Services																																																																	
11) Non-Medi-Cal Translation																																																																	
12) Translation Related to Medi-Cal- Services																																																																	
13) Program Planning, Policy Development, & Interagency Coordination Relating to non-Medi-Cal Services																																																																	
14) Program Planning, Policy Development, and Interagency Coordination Relating to Medi-Cal Services																																																																	
15) Medi-Cal Claims Administration, Coordination and Training																																																																	
16) General Administration/Paid Time Off																																																																	
TOTAL HOURS																																																																	
EMPLOYEE SIGNATURE (blue ink only)		TELEPHONE NUMBER								DATE																SUPERVISOR SIGNATURE (blue ink)								DATE																															